



## Parks & Recreation Department Athletics Division

# ADULT TENNIS SINGLES CHALLENGE LADDER

### USTA Divisions offered:

Women's 2.5	Men's 3.0
Women's 3.0	Men's 3.5
Women's 3.5	Men's 4.0

Fall session begins 3/10 (9 weeks)

• **PLAY ANYWHERE** • **VARIOUS  
DIVISIONS** • **LOCAL RANKING**  
• **9 WEEK SPRING LADDER**

### Registration (through March 10, 2008)

The following is required to register for the 2008 Spring Challenge Ladder.

1. Detach, complete, and return registration form below. Checks should be made payable to the City of Rocky Mount.
2. Register a Username and password at the Challenge Ladder website at [www.sportsmatchsoftware.com/clubs/rockymountparksandrecreation](http://www.sportsmatchsoftware.com/clubs/rockymountparksandrecreation) (Access to website will be approved when form and fees are received by Athletics.)
3. Login to the Challenge Ladder website on Monday, 3/10/08 and issue a challenge! (Please be aware that players will not be loaded to the Challenge Ladder website until Monday, 3/10/08)

### General Information:

Activity is the key to the ladder. Players are responsible for arranging their own matches and can play one recorded match per week. Players earn points with each match and move up or down the ladder accordingly. Points awarded are based on a combination of set scores and bonus points (even if you lose, you still earn points). Players must play at least once within each three weeks to remain active on the ladder. Complete rules are available on our website at [www.rockymountnc.gov](http://www.rockymountnc.gov). Divisions will be combined if there are less than five players registered in division. Anyone over the age of 16 years old is eligible to play. If you do not know your USTA rating, you should begin at the lowest numbered ladder.

It is the policy of the City of Rocky Mount not to discriminate on the basis of race, sex, national origin, disability, age, creed, color or religion.

### Rocky Mount Parks & Recreation Dept. Tennis Challenge Ladder Registration Form Mail Form & Fee To: Athletics Division, P.O. Box 1180, Rocky Mount, NC 27802

Registration Fee: \$25-city residents \$32-Non-city residents

Payment Options: Credit Card/Check/Cash

Call Athletics Division at 972-1160 to pay by credit card

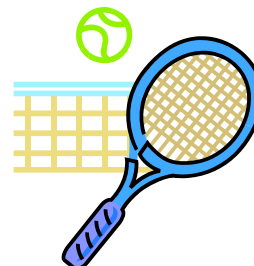
Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, NC Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_



### Warning, Liability Release, Acknowledgement, Assumption of Risk, Agreement to Indemnity and Hold Harmless, Emergency Medical Release, and Photographic Release

I hereby agree to participate in the Rocky Mount Parks and Recreation Department Adult Tennis Challenge Ladder Program.

I am fully aware that learning or practicing the above activity can be an activity involving risk of injury, including serious injury. I fully understand that the City of Rocky Mount, its agents, officers and employees accept no responsibility and will not be liable for any injury, harm, or damage to his/her person or property occurring during or arising out of participation in said program.

To the fullest extent permitted by law, I do hereby agree to assume all risk of injury, harm, or damage to his/her person or property (including but not limited to all risks of injury, harm, or damage to his/her person or property caused by negligence of the City of Rocky Mount, its agents, officers or employees) arising during or in connection with said program, and we do hereby release and agree to indemnify and hold harmless the City of Rocky Mount, its agents, officers, and employees, from any and all liability, actions, damages, and claims of any kind and nature whatsoever (including but not limited to liability, actions, damages, and claims caused by or arising from the negligence of the City of Rocky Mount, its agents, officers, or employees) for injury, harm or damage to his/her person or property that may arise or occur during or in connection with said programs.

And further, I give my permission for emergency medical treatment to be given, in case my emergency contact can not be reached by phone. I understand that no insurance coverage is provided by the City of Rocky Mount.

I grant the Rocky Mount Parks and Recreation Department the right to use my name, quotes, and any still or moving pictures taken of me during my use of Department facilities, my participation in any Department activity, and/or my participation of any part of Department planning and or production of activities. I have read and understand all the provisions in this participation release.

Signature \_\_\_\_\_

Date: \_\_\_\_\_